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20995 7590 07/28/2005

**KNOBBE MARTENS OLSON & BEAR LLP  
2040 MAIN STREET  
FOURTEENTH FLOOR  
IRVINE, CA 92614**

01 FC:1501 1400.00 OP  
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03 FC:8001 30.00 OP

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**Tiffany Miller** (Depositor's name)  
*Tiffany Miller* (Signature)  
**Oct. 17, 2005** (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/670,958 09/25/2003 Alan M. Kleinfeld FFASC.063A 7040

TITLE OF INVENTION: METHOD AND APPARATUS FOR RATIO FLUOROMETRY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$1700 10/28/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LAUCHMAN, LAYLA G 2877 356-417000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Knobbe Martens**  
2 **Olson & Bear LLP**  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**FFA Sciences LLC**

**San Diego, CA**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies **10**

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- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **11-1410** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Tiffany Miller*

Date **Oct. 17, 2005**

Typed or printed name **Tiffany Miller**

Registration No. **52,032**

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**PATENT**

Case Docket No. FFASC.063A

Date: October 17, 2005

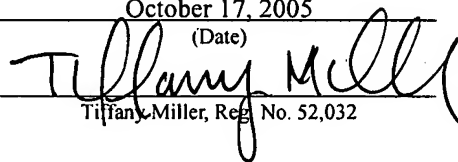
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant : Kleinfeld, et al.  
Appl. No. : 10/670,958  
Filed : September 25, 2003  
For : METHOD AND APPARATUS  
FOR RATIO FLUOROMETRY  
Group Art Unit : 2877  
Class/Sub-Class : 356-417000  
Examiner : Layla G. Lauchman

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October 17, 2005

(Date)

  
Tiffany Miller, Reg. No. 52,032

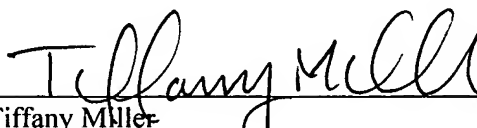
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**MAIL STOP ISSUE FEE**  
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**Alexandria, VA 22313-1450**

Dear Sir:

Enclosed for filing is the Issue Fee for the above-identified application:

- (X) Form PTOL-85.
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- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

  
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